



# COMMONWEALTH OF MASSACHUSETTS

## DEPARTMENT OF TELECOMMUNICATIONS AND CABLE

### APPLICATION FOR REGISTRATION FOR TELECOMMUNICATIONS SERVICE PROVIDERS *OTHER THAN PAYPHONE SERVICE PROVIDERS*

#### STATEMENT OF BUSINESS OPERATIONS (SBO)

Date:

Please check appropriate box:

- ☐ Initial SBO  
☐ Amended SBO  
Reason:  
Effective:

#### Part I

1. Legal Name of Registrant	
2. Doing Business As (DBA)	
3. Federal Taxpayer ID No.	
4. Address - <b>Corporate Office</b> (Street, City, State, Zip +)	
5. Main Telephone Number	
6. Customer Service Number	
7. Website/URL	http:// www.

8. Please provide the following information for the <b>regulatory contact person</b> to work with the Department on the following:	
A. Issues related to processing this Registration and tariff filing only	Name/Title Mailing Address Direct Phone No. Direct Facsimile No. Email Address
B. Issues related to consumer complaints ( <b>not</b> the general customer service department)	Name/Title Mailing Address Direct Phone No. Direct Facsimile No. Email Address
C. All other regulatory-related issues ( <b>in-house</b> )	Name/Title Mailing Address Direct Phone No. Direct Facsimile No. Email Address

9. Authorized As:		
10. Technology Type: <input type="checkbox"/> Circuit Switch	<input type="checkbox"/> VoIP	<input type="checkbox"/> Other
11. Provide a clear and concise summary of the <b>specific</b> services the Registrant will be offering ( <u>e.g.</u> , local, interexchange, bundled local and interexchange services, wholesale or carrier-to-carrier services; package of regulated and/or unregulated telecom services; bundle of voice and/or video and/or wireless and/or broadband, such as voicemail, call forwarding or vertical features.		

12. Registrant will be providing telecommunications services as indicated:

- ☐ Residential
 ☐ Business
 ☐ Wholesale/Carrier-to-Carrier

Services Provided Using:

- ☐ Facilities-based service
 ☐ Reseller  
☐ Leased Facilities
 ☐ Own Network  
☐ Leased Facilities
 ☐ Underlying Carrier  
 Non-UNE

13. Registrant's initial tariff offers the following services: (check all that apply)

Services	If any of the services are sold on a prepaid basis	Residential	Business
<input type="checkbox"/> Local Exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lifeline/Linkup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long Distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Calling Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Operator Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Operator Services at traffic aggregated locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Payphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Inmate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Data (explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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14. If the Registrant will be providing operator-assisted service, describe how: (A) a company operator would be reached, e.g. dial 00; (B) an emergency-type call will be handled.

15. Please list alphabetically names of cities and/or towns served. (Attachment Acceptable)

16. If a corporation, please:

A. Provide the date of organization

B. Indicate the jurisdiction under the laws of which it is organized

C. Provide the following information as to each officer, director and stockholder owning of record, or beneficially, 10% or more of Registrant's outstanding capital stock:

Name/Title

Address

Percent & Class of  
Shares

17. All businesses incorporated in states other than the Commonwealth which are doing business in Massachusetts must register with the Secretary of the Commonwealth (SOC) within ten days after they commence doing business in the state by filing a foreign registration certificate. Failure to register may result in the imposition of fines and/or an injunction restraining the further prosecution of business in the Commonwealth by the foreign corporation.

A copy of the SOC Foreign Registration Certificate:

☐ is attached.

☐ will be filed with the DTC within the following 30 days.

<http://corp.sec.state.ma.us/Portal/PortalPage.htm>

## Part II

**OPERATOR SERVICE PROVIDER - CONSUMER PROTECTION POLICIES**

The term “operator-service provider” (OSP) generally refers to a telecommunications service company that handles live- and/or mechanized operator-assisted calling, such as calls placed on a collect, third-party billed and/or person-to-person basis, from locations such as payphones and other traffic aggregator locations (e.g., hotels, hospitals).

**OSPs must adhere to the following Department policies:**

- A. OSPs must be registered and have an approved tariff of intrastate rates and charges on file with the Department.
- B. OSP rate disclosure requirements similar to rules adopted in January 1998 by the Federal Communications Commission, effective July 1, 1998. OSPs must notify callers orally of how they can obtain rate information for their operator-assisted calls, i.e., the *total cost* of the call, including any aggregator surcharges, premise-imposed surcharges, and how consumers may access the long distance carrier of their choice, before connecting and billing for the OSP call(s).
- C. OSP consumer information labels/placards/tent cards must clearly state:
  - the name and address of the OSP
  - the OSPs 800 telephone number
  - that rate information is available from the OSP operator 24 hours a day, seven days a week
  - procedures for reporting service problems, obtaining billing information, and how to access emergency services
  - that the end-user has a right to appeal any **UNRESOLVED** disputes concerning intrastate calls to:

Massachusetts Department of Telecommunications & Cable  
Consumer Division – 4<sup>th</sup> Floor  
Two South Station, Boston MA 02110  
(617) 305-3531 or Toll-free within MA (800) 392-6066
- D. **A sample/draft of the above-described OSP consumer information material must be submitted to the DTC for approval.**
- E. OSPs must provide the DTC-approved consumer information material to all traffic aggregators, who in turn, must prominently display at traffic aggregator locations.
- F. OSPs must include language in their **intrastate** tariff indicating that the traffic aggregator is required to post the OSPs consumer information label at all its locations, and that pursuant to the OSPs tariff, any violation of this provision could result in disconnection of the traffic aggregator’s service(s).

**Inmate Calling Services**

Usage rates for inmate calling services are capped at \$1.50 per call. The maximum surcharge is \$3.00 for such calls.

**Registrant attests that it will comply with the above requirements:**

\_\_\_\_\_  
Authorized Signature/Title

\_\_\_\_\_  
Date

**Part III****MASSACHUSETTS STATE TAX ATTESTATION**

In accordance with Massachusetts General Laws, Chapter 62C, Section 49A, I hereby certify under the pains and penalties of perjury that the Registrant, to the best of my knowledge and belief, has filed all Massachusetts state tax returns and paid all Massachusetts state taxes required by law. I also certify, under the pains and penalties of perjury that the Registrant, to the best of my knowledge and belief, has filed and paid all federal taxes required by law.

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Federal Taxpayer Identification No.

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Signature of Corporate Officer  
if Registrant is a corporation

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Social Security Number

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Signature of Individual, if applicable

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Date

**AFFIDAVIT**

The undersigned declares under penalty of perjury that they are authorized to make this verification for, and on behalf of, the Registrant; that they have read the information provided by the Registrant in the foregoing document, and is informed and believes the same are true and on that ground affirms that the matters therein stated are true.

In addition, the undersigned, on behalf of the Registrant, attests that the Registrant will comply with all applicable Massachusetts laws and rules, Department Orders, regulations, letter rulings, directives and other requirements, whether formal or informal.

**Registrant understands that failure to comply will be grounds for the Department to cancel the Registrant's registration/SBO and tariff(s), thus preventing the Registrant from operating and/or providing telecommunications services within Massachusetts.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Legal Name of Registrant \_\_\_\_\_

By \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature/Title)

NOTARIZE BY:

SUBSCRIBED AND SWORN to before me

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public